RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

Floyd County Health Department 812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Beef OBrady's Establishment Address (number and street, city, state, zip code) Confolic He Station, Flouds Knohryzo Owner Owner's Address Person in Charge Ben Mathes Responsible Person's E-mail Certified Food Handler Den Mathes Certified Food Handler Den Mathes Certified Food Handler					Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7) Other (list) Car Crashed into Resta-can+	Follow-u /e5 Summary	r) 	days as:
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
Section#	C/NC	R		Narrative				rrected By
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Received by	(name and	title p	rinted):		Inspected by (name and title pr	inted):		
Ber Marks					Anthony Lieber 6145			
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